



Commonwealth of the Northern Mariana Islands  
**NORTHERN MARIANAS HOUSING CORPORATION**

P.O. BOX 500514, Saipan, MP 96950-0514

Email: [nmhc@nmhc.gov.mp](mailto:nmhc@nmhc.gov.mp)

Website: <http://www.nmhcgov.net>



**REQUEST FOR GRANT PROPOSALS FOR AN  
EMERGENCY FOOD PROGRAM FUNDED THROUGH THE  
COMMUNITY DEVELOPMENT BLOCK GRANT-COVID  
FUNDS BY THE U.S. DEPARTMENT OF HOUSING AND  
URBAN DEVELOPMENT (HUD)**

The Commonwealth of the Northern Mariana Islands was allocated the third round of Community Development Block Grant (CDBG)- COVID funds. The intended use of the funds is to provide food assistance to eligible CNMI residents who have been financially impacted by the Coronavirus (COVID-19). The Northern Marianas Housing Corporation (NMHC) is requesting for grant proposals from non-profit organizations to supplement and expand ongoing efforts to procure food, *specifically to distribute food vouchers*. Proposals will be due to the Northern Marianas Housing Corporation, Garapan, Saipan, and in the Rota and Tinian Field Offices, no later than 4:30 pm, Wednesday, October 28, 2020. Should you have any questions, please contact Ms. Zenie P. Mafnas, Deputy Corporate Director, at 670-234-6866 or by email at [deputydirector@nmhcgov.net](mailto:deputydirector@nmhcgov.net).

**Minimum Application Requirements**

- 1) 501(c)(3) designated organizations classified as a public charity with a minimum of two (2) year operating history as a non-profit
- 2) Articles of Incorporation
- 3) By-Laws
- 4) Non-Profit Annual Corporation Report
- 5) Business License and Tax ID Number
- 6) Current listing of Active Board of Directors (within the last 12 months)
- 7) Current listing of active employees
- 8) A statement of financial position (balance sheet) and a statement of financial activity for the prior year end, to be submitted with the application
- 9) Proof of Workmen's Compensation
- 10) Submission of a list of any other grant money received and balance to date

**Application Information**

In addition to the requirements above, a grant application is required. The Grant application is available on NMHC's website at [www.nmhcgov.net](http://www.nmhcgov.net). Please click the CDBG tab to access the application. **The application submission deadline is Wednesday, October 28, 2020, no later than 4:30 p.m.**

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## OVERVIEW:

The Commonwealth of the Northern Mariana Islands, through the Northern Marianas Housing Corporation, was appropriated supplemental funds under the Coronavirus Aid, Relief, and Economic Security (CARES) Act in FY 2020 in the amount of \$545,858.00. CDBG-COVID funds must be used to expand the on-going efforts and provide food services in response to the COVID-19 pandemic.

Note to Applicant: Please provide the requested information in *narrative form*.

## 1. AGENCY INFORMATION

Agency Name  
Mailing Address  
Telephone Number  
Contact Person  
Email  
TAX ID #

## 2. PROGRAM INFORMATION

PROGRAM TITLE  
PROGRAM LOCATION

## 3. REQUESTED FUNDING

Total Program cost  
Total CDBG-COVID Amount Requested

## 4. ORGANIZATION INFORMATION

1. What is your organization's mission statement?
2. How long has the Organization existed in its current form?
3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A.
4. How many years has the Organization conducted the project/program for which it is requesting funding?

## 5. ORGANIZATION CAPACITY

1. What percentage of the Organization's budget is grant funded?
2. How many program staff persons will be dedicated to the project (i.e. Case Managers, Intake Coordinators)?
3. Does the organization have administrative staff (i.e. Accountants, Executive Director) dedicated to this grant?
4. Has the organization secured funding for the administrative staff for this project? Or will the organization be setting aside Administrative costs from the grant, if funded?
5. Describe your staffing efforts and their tasks for the project that will be provided

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**Rota Field Office:** Tel. (670) 532-9410  
Fax. (670) 532-9441

**Tinian Field Office:** Tel. (671) 433-9213  
Fax. (670) 433-3690

## 6. PROPOSED SERVICES

Please provide the estimated number of persons to be served from this project

1. Describe your organization's experience in providing the service category for which funds are being requested. Organizations must demonstrate that they have been providing the services requested for at least two (2) years and how they were tracked
2. How do you make the public aware of the emergency assistance services that are available through your program?

## 7. RECORDKEEPING

Briefly describe your organization's experience in submitting reports and record keeping compliance requirements to ensure protection of client's sensitive information.

## 8. BUDGET PROPOSAL

Please enter the budget request for this activity.

1. For each line item listed in your budget, provide a detailed description of how CDBG-COVID funds will be used to support your program.
2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years in which your organization provides emergency assistance.

## 9. CONFLICT OF INTEREST ACKNOWLEDGEMENT

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members?

Do any family relationships (by blood or marriage) exist between staff in your organization?

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below

## 10. ACKNOWLEDGED RESPONSIBILITY TO ABIDE BY ALL HUD AND NMHC REQUIREMENTS

The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by the Stewart B. McKinney Homeless Assistance Act and Cobb County.

## 11. APPLICATION CHECKLIST

ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant

ATTACHMENT 2: Provide a copy of 1) Articles of Incorporation 2) By-Laws 3) Non-profit Annual Corporation Report

ATTACHMENT 3: Provide a copy of business license and Tax ID Number

ATTACHMENT 4: Provide one copy each of the last two most recent audited financial statements

ATTACHMENT 5: Provide list of board members. Please also include a copy of Conflict of Interest Statement from the Board of Directors.

ATTACHMENT 6: Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant's previous related program activities.

ATTACHMENT 7: Provide a copy of the agency's written financial management procedures, and a current organization chart.

ATTACHMENT 8: Provide a copy Worker's Compensation Policy.

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ATTACHMENT 9: Provide proof of registration with the U.S. System for Award Management. If the organization has a DUNS number, please provide such.

**12. CERTIFICATION - AUTHORIZED REPRESENTATIVE**

I certify that the applicant agency meets the conditions specified in the application instructions and evaluation criteria will be able to carry out the proposed services in concert with all federal requirements. I also certify that the organization is a certified IRS 501(c) (3) non-profit or governmental agency. I agree to adhere to the above provisions for all programs receiving assistance from the US Department of Housing and Urban Development (HUD). All board and staff members have disclosed any potential conflicts of interests that could violate HUD regulations at this time or at a later date. I further certify that I have reviewed the contents of this application and deem them to be accurate and true.

Print Name:

Signature:

Title

For more information regarding this Application, please contact:

Northern Marianas Housing Corporation

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Saipan, MP 96950

670-234-6866

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